

# **Guidelines for Communication**

## **Eligibility Determination**



**"Tomorrow's Success Begins Today"**

# Guidelines for Communication Eligibility Determination

## Tennessee's Early Intervention System

*Services for Infants and Toddlers with Disabilities under  
the Individuals with Disabilities Education Act (IDEA)  
Part C*

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*These Guidelines for Communication were generated with the guidance of Dr. Mary Dale Fitzgerald and staff from the Office of Early Childhood, Division of Special Education, Tennessee Department of Education. They are based on the eligibility criteria and requirements established for Tennessee's Early Intervention System and a review of the requirements of other states' early intervention systems. The Guidelines draw heavily from the recommendations developed by Connecticut Birth to Three System's Speech Referrals Task Force and the work of Dr. Rhea Paul.*

## **Preface**

In 1999, a committee was convened by the Office of Early Childhood, Division of Special Education, Tennessee Department of Education (as the lead agency for the early intervention system in Tennessee) to develop evaluation and assessment guidelines for children who have been identified as having communication as an area of concern. These guidelines were to be developed to ensure consistency and appropriate evaluation and assessment practices by professionals who are responsible for evaluating and assessing infants and toddlers in the area of communication.

The Communication Guidelines Committee identified two major tasks. First, the committee identified the need to establish consistency in determining eligibility in the area of communication. Various methods of eligibility determination in the area of communication were being practiced within the early intervention system. Some districts within Tennessee's Early Intervention System (TEIS) determined eligibility in the area of communication based on combining expressive and receptive communication test scores into one total score of a child's communication domain. In other TEIS districts, the expressive and receptive communication test scores were separated so that eligibility was determined based on either one of the sub-domains in the communication domain. As a second task, the committee outlined recommendations for the provision of evaluations and assessments of infants and toddlers who have been identified as having concerns in the area of communication.

## Overview of Eligibility Determination

In order to receive early intervention services under Part C in Tennessee, an infant or toddler must be determined eligible for early intervention services. In Tennessee the term “infant or toddler with a disability,” or eligible child, means an individual from birth through age two who meets the criteria in Tennessee’s Definition of Developmental Delay. Under the Definition, criteria for developmental delay may be established by one of three methods:

1. Part A-developmental delay;
2. Part B-diagnosed condition; or
3. Informed Clinical Opinion.

Under Part A of Tennessee’s Definition of Developmental Delay, the child must be functioning at 25% below chronological age in two or more developmental domains or 40% below chronological age in one developmental domain as determined by administration of an eligibility evaluation. Part B refers to an infant or toddler whose eligibility is based on a diagnosed physical or mental condition that has a high probability of resulting in developmental delay. Informed Clinical Opinion may be used to determine eligibility when standardized measures will not accurately reflect the child’s developmental status.

## Evaluation Procedures

All children referred to Tennessee’s Early Intervention System receive a multidisciplinary evaluation to determine eligibility for early intervention services. The following guidelines for conducting a multidisciplinary evaluation, which are outlined in *TEIS Individualized Family Service Plan Manual*, must be utilized in determining eligibility of an infant or toddler.

## Guidelines for Multidisciplinary Evaluations

- The multidisciplinary evaluation is completed within 45 days of the child’s referral to the early intervention system. Circumstances that prevent the completion of the evaluation within 45 days are clearly documented.
- A minimum of two different disciplines is involved in the evaluation and/or assessment. The disciplines are selected to best meet the needs of the child.
- The evaluation for eligibility must include at least one of the suggested tools for evaluation for eligibility (which are found in *TEIS Individualized Family Service Plan Manual*) and a parent interview.
- The evaluations are conducted and interpreted by qualified personnel and are based on informed clinical opinion.
- An evaluation includes the following:
  - A review of pertinent records and information related to the child’s current health status and medical history and
  - Determination of the child’s abilities, limitations, and functioning in:
    - ♦ Cognitive development,
    - ♦ Physical development (including vision and hearing),
    - ♦ Communication development,
    - ♦ Social-emotional development, and

- ♦ Adaptive development.
- Each family's culture and communication needs are considered when planning and implementing the evaluation and/or assessment.
- Interpreters are used when working with families for which English is a second language and for families using other forms of communication (e.g., sign language).

## **Personnel Requirements for Evaluators**

In Tennessee, children who are referred to the early intervention system are determined eligible based on a multidisciplinary evaluation. Multidisciplinary means the involvement of two or more disciplines or professions in the provision of an integrated and coordinated evaluation. Eligibility evaluations are completed by an early childhood specialist and a health or family-focused professional. All personnel who complete the evaluation for eligibility shall have current certification, licensure, or comparable requirements of their profession. The disciplines involved in conducting the evaluation shall be selected based on the child's needs.

## **Eligibility for Early Intervention Services**

Eligibility for early intervention services depends on the presence of developmental delay or the presence of a condition likely to result in developmental delay. Any child from birth through age two is eligible if he or she meets Tennessee's eligibility requirements as stated in Tennessee's Definition of Developmental Delay. Tennessee's Definition of Developmental Delay is found in Appendix A.

## **Documentation of Eligibility**

Infants and toddlers who meet the criteria for Tennessee's Definition of Developmental Delay based on the Guidelines for Communication are eligible for early intervention services. The eligibility determination for early intervention services is documented by completing the forms found in Appendix B.

# **Concerns in the Communication Domain**

## **Evaluations**

For children who have not been determined to be eligible for early intervention services and who have concerns in the area of communication, a domain-specific evaluation conducted by qualified personnel will be completed which will supplement the developmental evaluation in the remaining developmental domains. No single procedure is used as the sole criterion to determine a child's eligibility. In determining eligibility in the communication domain, a standardized, norm-referenced instrument should be utilized. This can be supplemented by criterion-referenced instruments, speech or language sampling procedures, oral-motor assessment, and interview or observational information, which will provide documentation of biological factors and important information for programming. At any point during the evaluation process to determine eligibility, when a concern in the communication domain is identified, a referral for an evaluation in the communication domain should be made prior to determining that an infant or toddler is not eligible for early intervention services.

## **Personnel Requirements for Evaluators in the Communication Domain**

A speech-language pathologist shall be one of the disciplines involved in the provision of the multidisciplinary evaluation to determine eligibility for a child who has concerns in the communication domain.

Appropriate professional requirements for speech-language pathologists who are providing early intervention services means entry level requirements that are based on the highest requirements in Tennessee applicable to speech-language pathology. The highest requirements in Tennessee applicable to speech-language pathology means the highest entry level academic degree needed for any State approved or recognized certification, licensing, registration, or other comparable requirements that apply to speech-language pathology. In order to complete an eligibility determination, the speech-language pathologist must be:

- Licensed by the State Department of Health Board of Examiners  
or
- Eligible for this licensure by possessing a Master's degree in speech-language pathology and the American Speech-Language-Hearing Association Certificate of Clinical Competence (ASHA-CCC).

## **Evaluation Procedures**

- A. The infant or toddler who has received a global developmental evaluation, in accordance with Tennessee's guidelines for multidisciplinary evaluation as stated above, and has demonstrated a delay of at least 25% in the combined expressive and receptive communication domain and at least 25% in another developmental domain meets the criteria for eligibility for early intervention services. If only one discipline was involved in the developmental evaluation, the child must receive a second evaluation/assessment because a single procedure shall not determine a child's

eligibility for early intervention services. If communication is an area of concern, an evaluation by a speech-language pathologist shall be one of the disciplines involved in the multidisciplinary evaluation.

B. The infant or toddler may be eligible for early intervention services if a domain-specific evaluation in the area of communication conducted by an appropriately qualified personnel demonstrates:

- 25% delay in the combined expressive and receptive communication domain and 25% delay in another area of development or
- 40% delay in the combined expressive and receptive communication domain.

The child must also be evaluated or assessed in the remaining developmental areas in order to establish eligibility based on more than one discipline and to develop an appropriate IFSP.

C. The infant or toddler whose delay is exclusively in the area of expressive communication and is at least 40% below chronological age or whose delay is at least 25% below chronological age in expressive communication and at least 25% in another developmental area may be eligible for early intervention services if at least one of the following factors is present:

- Delayed oral motor development;
- Moderate to severe speech impairment, e.g., fewer than 65% of consonants correct in a five minutes continuous speech sample. This factor includes severe phonological impairment, phonological process impairment, suspected developmental apraxia of speech, and motor speech impairment;
- Family history of speech-language impairment, hearing impairment, or developmental delay; or
- Significant birth history including:
  - congenital infection(e.g., toxoplasmosis, syphilis, rubella, cytomegalovirus)
  - craniofacial anomalies
  - birth weight less than 1500 grams (about 3 pounds)
  - hyperbilirubinemia at a level requiring exchange transfusion
  - ototoxic medications
  - bacterial meningitis
  - Apgar scores of 0-4 at one minute and 0-6 at five minutes
  - mechanical ventilation lasting more than five days
  - head trauma associated with loss of consciousness or skull fracture
  - (American Academy of Audiology, Joint Committee on Infant Hearing, 1994)

The presence of one of the above biological factors must be documented either through medical records, additional assessment, or through behavioral observations. The evaluation report must identify why the child was determined to be eligible. The child must be evaluated or assessed in the remaining developmental areas in order to establish eligibility based on more than one discipline and develop an appropriate IFSP.

For infants and toddlers who do not meet the specifications of Section C of these Guidelines for eligibility in expressive language, the criteria for developmental delay applies to a combined expressive and receptive language score for establishing eligibility under Part A of Tennessee's Definition of Developmental Delay which is found in Appendix A.



- D. For infants and toddlers who live in a home in which English is not the primary language, the evaluator must be able to demonstrate that the child has a significant delay in communication in his/her primary or dominant language, based on the above guidelines. An interpreter in the child's primary language shall be used in the evaluation for eligibility. Caution is advised when determining eligibility for such children when using evaluation tools designed for English-speaking children. For those children who do not have an appropriate interpreter in the child's primary language, the procedures for establishing eligibility based on Informed Clinical Opinion shall be followed.

## **Domain-Specific Evaluation Instruments**

Examples of domain-specific instruments appropriate for determining eligibility in the communication domain are:

- Preschool Language Scale-3 (PLS-3)
- Sequenced Inventory of Communication Development (SICD-R)
- Communication and Symbolic Behavior Scales
- MacArthur Communicative Development Inventory: Words and Gestures and Words and Sentences (CDI)

A complete description of these specific tools is provided in Appendix C.

## Assessments

For children whose eligibility for early intervention services have already been determined and who have concerns in the area of communication, a speech-language pathologist should complete an assessment in the communication domain. In addition to communication domain-specific evaluation tools, criterion-referenced instruments, speech or language sampling procedures, oral-motor assessments, and interview or observational information may be used for assessment purposes. Assessment activities are implemented in order to determine the child's unique strengths and needs and the services/programs appropriate to meet those needs throughout the period of the child's eligibility. Additional information regarding evaluation and assessment practices may be found in *TEIS Individualized Family Service Plan Manual*.

# Definitions

**Apraxia** Difficulty coordinating the mouth muscles with no impaired muscles.

**Articulation** The production of speech sounds.

**Articulation Disorder** A speech or language impairment resulting in the substitution of one sound for another or the omission or distortion of certain sounds; an inability to properly vocalize essential speech sounds.

**Assessment** The initial and ongoing procedures used by qualified personnel throughout the period of a child's eligibility under Part C to identify:

- The child's unique strengths and needs and the services appropriate to meet those needs;
- The resources, priorities, and concerns of the family related to the development of the child;
- The supports and services necessary to enhance the family's capacity to meet the developmental needs of their infant or toddler with a disability; and
- The current and potential activities, relationships, routines, and culture that constitute the child's natural environment.

**Communication** A social act whose primary function is interaction with another living being. It is an active process with a sender who encodes or formulates a message and a receiver who decodes or comprehends the message. Communication can occur without the intent or the knowledge of the sender (e.g., a sender who inadvertently frowns may communicate displeasure). Communication can occur between and among many species (e.g., dogs, bees, humans); however, for it to be considered language, a mutually understood symbol system is necessary. (Crais & Roberts, 1996)

**Communication Disorder** When used in the broadest sense, a wide variety of disabilities affecting the ability to use or benefit from meaningful symbolic communication in speech, language, or hearing, including **articulation disorder**, **language disorder**, and **voice disorder**.

**Congenital Infections** A group of diseases acquired either before or during birth through exposure to viral, bacterial, or protozoan organisms. For example, STORCH diseases (syphilis, toxoplasmosis, other infections, rubella, cytomegalic inclusion disease, herpes).

**Craniofacial anomalies** Craniofacial deformities resulting from birth defects, injuries, or disease, such as cleft lip and palate, craniostenosis.

**Criterion-Referenced Instrument** A test that compares a child's performance to specific criteria, thus determining the skills the child possesses. The child is not measured against norms set by the performance of other children.

**Developmental Apraxia of Speech (DAS)** A speech disorder that interferes with the ability to correctly produce sounds, syllables, or words but generally there is no muscle weakness. Of significance this disorder is, by definition, inconsistent. Parents may report that they have heard the child say a word "as clear as a bell" once, but the child has never said it again. (Connecticut Birth to Three, 1998)

**Developmental Delay** Infant or young child's lack of expected progress in cognitive development, physical development (including vision and hearing), communication development, social/emotional development, or adaptive development.

**Early Childhood Specialist** An early childhood special educator, early childhood educator, child development specialist, child psychologist, child life specialist, pediatric therapist, etc. who has experience and training in assessment of infants and toddlers using standardized and criterion-referenced instruments as well as clinical judgment.

**Evaluation** The procedures used by appropriate qualified personnel to determine a child's initial and continuing eligibility for early intervention services consistent with Tennessee's Definition of Developmental Delay. This includes determining the status of the child in each of the following developmental areas: (a) cognitive development, (b) physical development [including vision and hearing], (c) communication development, (d) social/emotional development, and (e) adaptive development. "Evaluation" is a term often used interchangeably with "assessment." However, in the context of Part C of IDEA, "evaluation" refers to procedures used to determine a child's eligibility for early intervention services.

**Family-Focused Professional** A social worker, family therapist, school counselor, school psychologist, etc. who has experience and training in assessment of families and with infants/toddlers with delays using standardized instruments, checklists, and interviews as well as informed clinical opinion.

**Health Professional** Includes pediatric nurse/nurse practitioner, pediatrician, developmental pediatrician, pediatric resident, family practice physician, family practice resident, pediatric physician's assistant, speech therapist, physical therapist, occupational therapist, etc.

**Hyperbilirubinemia** In certain pathological conditions in which excessive destruction of red blood cells occurs, or in which there is interference with bile excretion, the amount of bilirubin is increased in blood. In newborns with erythroblastosis fetalis and greatly elevated bilirubin, exchange transfusion may be required.

**Individualized Family Service Plan (IFSP)** A written plan, developed in accordance with Part C of IDEA, for providing early intervention and other services to an eligible child and the child's family.

**Individuals with Disabilities Education Act (IDEA) (PL 101-476)** Federal legislation that provides funds for special education and related services for children with disabilities from birth through the age of twenty-one years. Funds are provided through the Infants and Toddlers Program (known as Part C of IDEA) for services to children birth through age two, and through the Preschool Program (known as Part B-Section 619 of IDEA) for services to children three through five years of age.

**Informed Clinical Opinion** (1) As a component of the multidisciplinary evaluation, informed clinical opinion means that the professional has used qualitative and quantitative information to assess the child's development. Informed clinical opinion makes use of the professional's training, previous experience, and ability to gather information from the family as part of the evaluation. (2) A set of procedures for determining eligibility when the use of standardized instruments or measures will not accurately reflect the child's developmental status.

**Motor Speech Impairment** A term for neurogenic speech disorders, which are speech impairments, caused by central or peripheral nervous system damage (Hedge, 1995). This term includes developmental apraxia from “stroke-like” events either prenatally or postnatally, cerebral palsy, or any neurologically based speech problem. This term also includes oral and verbal apraxia as well as dysarthria seen in infants with neurological impairments that are often accompanied by feeding disorders (dysphagias). This is a generic term that clearly requires a neurological cause versus a failure to learn the adult rule-based sound system as seen in phonologically processing disorders.

**Multidisciplinary** The involvement of two or more disciplines or professions in the provision of integrated and coordinated services, including evaluation and assessment activities and development of an IFSP.

**Norm-Referenced Test** A standardized test that compares a child's test score (performance) to the average score of a group of children who are representative of that child.

**Oral Motor Development** Development of the muscles in and near the mouth.

**Oral Motor Impairment** Impairments in muscle functions, which may include difficulties in movements for non-speech activities as well as speech.

**Ototoxic medications** Medications that have a toxic or injurious effect on the structures of the ear, especially on its nerve supply.

**Part C** The section of IDEA that established a statewide, comprehensive, coordinated, multidisciplinary, interagency system to provide early intervention services for infants and toddlers (birth through age two) with disabilities and their families.

**Phonological Impairment** A disorder that is characterized by the inaccurate production of sounds past the age at which correct production should occur.

**Phonology** The rules for the formation of speech sounds, or phonemes, and how phonemes are joined together into words.

**Profession** A specific occupational category that provides early intervention services to children eligible under the program and their families, has been designated by the state, and has a required scope of responsibility and degree of supervision.

*Also known as **Discipline**.*

**Qualified Personnel** Early intervention services must be provided by qualified personnel, who have met State approved or recognized certification licensing, registration, or other comparable requirements that apply to the area in which the person is providing early intervention services

**Semantics** The rules for the meanings of words and their joint relationship to one another.

**Speech-Language Pathology** includes:

- Identification of children with oropharyngeal disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills;
- Referral for medical or other professional services necessary for the habilitation or rehabilitation of children with communicative or oropharyngeal disorders and delays in development of communication skills; and
- Provision of services for the habilitation, rehabilitation, or prevention of communication or oropharyngeal disorders and delays in development of communication skills.

**Speech and Language Impairment** Defined in IDEA regulations at 34 CFR § 300.7 (b) (11) as “a communication disorder such as stuttering, impaired articulation, a language (disorder) impairment that adversely affects a child’s educational performance.”

**Tennessee’s Early Intervention System (TEIS)** The entity established by the Tennessee Department of Education (lead agency) to be responsible for the planning, implementation, supervision, monitoring, and technical assistance for the state-wide early intervention system for infants and toddlers with disabilities in accordance with Part C of IDEA.

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## Appendix A

### Eligibility for Early Intervention Services

Eligibility for early intervention services depends on the presence of developmental delay or the presence of a condition likely to result in developmental delay. Any child from birth through age two is eligible if he or she meets Tennessee's eligibility requirements as stated in Tennessee's Definition of Developmental Delay:

The term "infant and toddlers with disabilities" means a child, from birth through age two, who is eligible for early intervention services because he or she:

**Part A:** Is experiencing developmental delays, as measured and verified by appropriate diagnostic instruments, administered by qualified examiners, indicating that the child is functioning at least 25% below his or her chronological age in two or more of the following development areas:

- Cognitive development;
- Physical development, including fine motor, gross motor, and sensory development, (vision and hearing);
- Communication development;
- Social/emotional development;
- Adaptive development

OR

Is functioning at least 40% below his or her chronological age in one of the areas listed above;

OR

**Part B:** Has a diagnosed physical or mental condition that has a high probability of resulting in developmental delay, i.e., known, obvious, or diagnosable conditions such as sensory losses and severe physical impairments.

Examples include, but are not limited to:

- Hearing loss, which can be verified or estimated to be significant as indicated through an audiological evaluation;
- Visual loss, which can be verified or estimated to be significant, for example, cataracts, glaucoma, strabismus, albinism, myopia, retinopathy of prematurity, or dysfunction of the visual cortex;
- Neurological, muscular, or orthopedic impairment which prevents the development of other skills; for example, congenital dislocation of the hip, spina bifida, cerebral palsy, rheumatoid arthritis, autism, epilepsy;
- Organic conditions or syndromes which have known significant consequences; for example, tuberous sclerosis, hydrocephalus, muscular dystrophy, fetal alcohol syndrome;
- Chromosomal, metabolic, or endocrine abnormalities, for example, Down Syndrome, Klinefelter Syndrome, Turner Syndrome, hypothyroidism.
- Prematurity as specified by Tennessee's Early Intervention System Premature Infant Criteria



## **Appendix B**

### **Documentation of Eligibility**

Infants and toddlers who meet the criteria for Tennessee's Definition of Developmental Delay based on the Guidelines for Communication are eligible for early intervention services. The eligibility determination for early intervention services is documented by completing the following forms. These forms are completed by the incoming service coordinator.

- |                                |  |
|--------------------------------|--|
| 1. Eligibility Documentation   | To document how an infant/toddler's eligibility for early intervention services was established. |
| 2. Review of Pertinent Records | To provide a summary of information related to the child's current health and medical history.   |

# Eligibility Documentation

CHILD'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

## PART A of Definition (Attach Appropriate Documentation)

Diagnostic Instrument: \_\_\_\_\_ % delay in \_\_\_\_\_ development

\_\_\_\_\_ % delay in \_\_\_\_\_ development

Administered by: \_\_\_\_\_ Agency: \_\_\_\_\_

Date Administered: \_\_\_\_\_

Diagnostic Instrument: \_\_\_\_\_ % delay in \_\_\_\_\_ development

\_\_\_\_\_ % delay in \_\_\_\_\_ development

Administered by: \_\_\_\_\_ Agency: \_\_\_\_\_

Date Administered: \_\_\_\_\_

## PART B of Definition (Attach Appropriate Documentation)

Diagnosed Condition: \_\_\_\_\_

Name and Title of Professional Verifying Condition: \_\_\_\_\_

Date Verified: \_\_\_\_\_

## INFORMED CLINICAL OPINION (Attach Appropriate Documentation)

Rationale for Informed Clinical Opinion: \_\_\_\_\_

\_\_\_\_\_

Team Members:

Family: \_\_\_\_\_ TEIS Coordinator: \_\_\_\_\_

Evaluator: \_\_\_\_\_ Other: \_\_\_\_\_

Date Consensus Reached: \_\_\_\_\_

Eligibility for services is based on the following: (1) A review of an appropriate evaluation as described in Part "A" of the Definition; or (2) The verification of a diagnosed condition as described in Part "B" of the Definition; or (3) The attached written documentation for Informed Clinical Opinion.

Multidisciplinary Team Members (not signatures)

Position

Date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Eligibility Documentation

### Instructions

#### Required or Equivalent Form

**Purpose:** To document how an infant/toddler's eligibility for early intervention services was established. CFR 303.16; CFR 303.322

**Method:** Prior to the initial IFSP meeting, the incoming service coordinator completes this form which is based on information provided by the multidisciplinary team members who were involved in the evaluation and assessment activities.

If the child's identification/eligibility status is being changed due to a re-evaluation, then the designated service coordinator completes this form prior to the annual IFSP meeting or IFSP review.

#### Instructions:

##### Part A of Definition

1. Enter the two diagnostic instruments that were used to determine eligibility for Part A of the Definition.
2. Enter the percentage of delay as measured by the instruments and the areas of development in which the delay occurs.
3. Enter the name of the professionals who administered the instruments.
4. Enter the dates that the instruments were administered.
5. Attach copies of the evaluation reports. (There must be at least two reports)

##### Part B of Definition

1. Enter the diagnosed physical or mental condition.
2. Enter the name and title of the professional verifying the diagnosis.
3. Enter the date the diagnosed condition was verified.
4. Attach copy of the Professional Verification of Current Diagnosis.

##### Informed Clinical Opinion (ICO)

1. State the rationale for establishing eligibility based on Informed Clinical Opinion.
2. Enter the names of the Team members who are determining the eligibility based on (ICO).
3. Enter the date that the consensus for eligibility was reached.
4. Attach the Informed Clinical Opinion Summary.

List the **Multidisciplinary Team Members** that represent two or more disciplines or professions that were involved in the evaluation to establish eligibility.

## Review of Pertinent Records

Child's name: \_\_\_\_\_

Date this Form Completed: \_\_\_\_\_

This Form Completed by: \_\_\_\_\_

Agency: \_\_\_\_\_

---

Medical history and health summary \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Source of information, including medical records reviewed:

Source: \_\_\_\_\_

Date of record: \_\_\_\_\_

Source: \_\_\_\_\_

Date of record: \_\_\_\_\_

Source: \_\_\_\_\_

Date of record: \_\_\_\_\_

Source: \_\_\_\_\_

Date of record: \_\_\_\_\_

---

Information regarding vision:

\_\_\_\_\_

\_\_\_\_\_

Source: \_\_\_\_\_

Date: \_\_\_\_\_

Source: \_\_\_\_\_

Date: \_\_\_\_\_

---

Information regarding hearing:

\_\_\_\_\_

\_\_\_\_\_

Source: \_\_\_\_\_

Date: \_\_\_\_\_

Source: \_\_\_\_\_

Date: \_\_\_\_\_

---

Developmental screening summary (if applicable): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Screening completed by: \_\_\_\_\_

Date screening completed: \_\_\_\_\_

# **Review of Pertinent Records**

## **Instructions**

### **Required or Equivalent Form**

**Purpose:** To provide a summary of information related to the child's current health status and medical history. CFR 303.322 (c) (3) (i)

**Method:** Prior to determining eligibility, and as a component of the evaluation and assessment, this form should be completed by the service coordinator after gathering information regarding the child's health status and medical history, including vision and hearing status.

### **Instructions:**

1. Summarize pertinent health status and medical history from information that was obtained from medical records and other sources.
2. Document the source of information including the medical records reviewed. Identify the date that the medical record was completed.
3. Provide a short description of vision status, including the source and the date that the evaluation, assessment, and/or screening was completed.
4. Provide a short description of hearing status, including the source and the date that the evaluation, assessment, and/or screening were completed.
5. If a developmental screening has been completed prior to this review, summarize the results. Identify who completed the screening and the date the screening was completed.

## Appendix C

### Description of Evaluation Tools

#### Communication and Symbolic Behavior Scales (CSBS)

- **Assessment Type:** Standardized method of examining communicative and symbolic behaviors for the purpose of early identification of communication delays or disorders. This instrument requires an additional developmental evaluation/assessment tool to complete eligibility determination.
- **Ages:** Developmental: 8-24 months  
Chronological: 9 months-6.0 years
- **Domains:** Communication functions, gestural communication means, vocal communication means, verbal communication means, reciprocity, social-affective signaling, and symbolic behavior.
- **Scores:** Standard scores or percentile ranks may be obtained for both the clusters and a communication composite. Norms may be computed based on chronological age or language stage.
- **User Qualifications:** Recommended that this test be given by a Speech-language pathologist, early intervention professional, or other professional trained to perform developmental evaluations/assessments.
- **Ordering information:** Riverside Publishing  
425 Spring Lake Drive  
Itasca, IL 60143-2079  
800/323-9540 (orders)  
800/767-8420 (general business)  
www.riverpub.com

#### MacArthur Communicative Development Inventories (CDI)

- **Assessment Type:** Parent completed, standardized checklists.
- **Domains:** Communication
- **Ages:** *CDI Words and Gestures* is for children ages 8 through 16 months. *CDI Words and Sentences* is for children 16 through 30 months.
- **Scores:** Percentile scores based on age and gender.
- **Format:** Spanish adaptation available. It does not yield a standard score.

- **User Qualifications:** Master's level degree in Psychology or Education or the equivalent in a related field with relevant training in assessment; or  
Verification of membership in or certification by a professional association recognized by The Psychological Corporation to require training and experience in a relevant area of assessment consistent with the expectations outlined in the 1985 *Standards for Educational and Psychological Testing*.
- **Ordering Information:** Communication Skill Builders  
The Psychological Corporation  
PO Box 839954  
San Antonio, TX 78283-3954  
800/211-8378  
FAX: 800-232-1223  
www.PsychCorp.com

### **Preschool Language Scale-3 (PLS-3)**

- **Assessment Type:** A standardized assessment. This instrument requires an additional developmental evaluation/assessment tool to complete eligibility determination.
- **Age:** Birth to 6 years
- **Accommodation:** Suggested modifications for children with physical or hearing impairments.
- **Domains:** Two subscales: Auditory Comprehension and Expressive Communication to assess language precursors, semantics, language structure, and integrative thinking skills.
- **Format:** Spanish-language version available.
- **User Qualifications:** Master's level degree in Psychology or Education or the equivalent in a related field with relevant training in assessment; or  
Verification of membership in or certification by a professional association recognized by The Psychological Corporation to require training and experience in a relevant area of assessment consistent with the expectations outlined in the 1985 *Standards for Educational and Psychological Testing*.
- **Ordering Information:** The Psychological Corporation  
PO Box 839954  
San Antonio, TX 78283-3954  
800/211-8378  
FAX: 800-232-1223  
www.PsychCorp.com

### **Sequenced Inventory of Communication Development, Revised (SICD-R)**

- **Assessment Type:** A norm-referenced diagnostic test that evaluates and quantifies communication skills of children who are typically developing and children who have developmental delay. This instrument requires an additional developmental evaluation/assessment tool to complete eligibility determination.
- **Ages:** 4 to 48 months
- **Domains:** Receptive: sound and speech discrimination, awareness, and understanding; and  
Expressive: behavior (imitating, initiating, and responding) and expressive measurement (length and grammatical and syntactic structures of verbal output and articulation).
- **Scores:** Receptive communication age and expressive communication age. Assignment of age levels is limited to estimation of child's level of development. (Kurtz, 1996)
- **Format:** Cuban-Spanish edition.
- **User Qualifications:** Speech-language pathologists, teachers in preschool programs, special education teachers, and psychologists.
- **Ordering information:** Western Psychological Services  
12031 Wilshire Blvd  
Los Angeles, CA 90025-1251  
800/648-8857  
FAX: 310/478-7838  
[www.wpspublish.com](http://www.wpspublish.com)





## Tennessee's Early Intervention System

*"Tomorrow's Success Begins Today"*

### **Dear Parents,**

This information sheet is for you and your family. It will answer some questions that you may have regarding the evaluation process and the concerns that you have in the area of communication skills for your infant or toddler.

If a referral has been made to Tennessee's Early Intervention System (TEIS) because of concerns regarding development in the communication domain, the multidisciplinary evaluation will include an evaluation by a speech-language pathologist. This may include formal testing depending on your child's age and needs. It may also include a speech or language sampling and an oral-motor assessment, along with observation of your child and family interviews. At each step, you as a parent will be included in the evaluation process.

Once the multidisciplinary evaluation is completed, all the participants in the evaluation process, including the speech-language pathologist, will determine your child's eligibility for early intervention services based on the results of the evaluations. Your service coordinator has provided you with the eligibility guidelines. She will answer any questions that you have regarding the determination of your child's eligibility for early intervention services.

After eligibility has been established, an Individualized Family Service Plan (IFSP) will be completed. You and the speech-language pathologist will be participants in the development of the IFSP. The participants in the IFSP will determine the early intervention services that your child needs. The services will be based on the outcomes that you want to see for your child and your family.

Speech therapy may be one of the early intervention services needed in order to achieve the outcomes on the IFSP. Speech therapy may be provided in various methods, such as direct therapy or consultation. It may take place in an office, your home, your child's child care, or other location. The participants in the development of the IFSP will make these decisions regarding how the early intervention services will be delivered. These decisions will be individualized for you and your child. Just as children and families are unique, so are the Individualized Family Service Plans.

The IFSP is the beginning of a partnership with professionals who provide services that your child and family needs in order to achieve the changes that you want for your child

and family. The IFSP is a set of actions to meet your needs. This plan can be modified anytime to handle the changes in concerns and priorities for your child and family. If you see changes in your child's skills in any area of development, such as communication, you may request that the IFSP be reviewed to determine if modifications to the early intervention services would be beneficial to your child and family. The participants in the development of the IFSP will make these decisions regarding modifications.

As part of the decision making process for modifying early intervention services, including speech therapy, the professional who is working with you and your family will complete an assessment of your child's unique strengths and needs and identify the services appropriate to meet those needs. This information will be relayed to all the IFSP participants, including you. After the assessment results are shared, the decisions regarding early intervention services will be made collaboratively with everyone involved in the development of your child's IFSP.

**The mission of TEIS includes:**

- The empowerment of families in which there is an infant or toddler, ages birth through two years, with a known disability or condition that has a high probability of resulting in developmental delays;
- The promotion and coordination of a comprehensive system of early intervention services to meet the needs of all eligible children and their families; and
- The development and implementation of strategies and procedures, which ensure families and their children, a smooth transition into, within, and out of early intervention services.

If you have more questions regarding early intervention services for your child and family, please contact your Service Coordinator.



**Guidelines for Communication  
Eligibility Determination**



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